PLACE OF DEATH 8081	STATE OF MARYLAND
- James	CERTIFICATE OF DEATH
County.	Registered No. 166
Village or City(No	St; Ward) [it death occurred a hospital or Institution in the NAME I
* PULL NAME Mrs TElen Min	give Its NAME Inste
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL SERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, COLOR OR RACE STREET, WIDOWED,	(Month) (Day) (Year)
S DATE OF BIRTH	I NERESY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h all alive on 2 3 1913
7 AGE If LESS than	and that death occurred on the date stated above, at
89 yrs. 4 mos. 1 ds. OR. min.?	The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work	Trucky Gunfalow
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) / yrs. mes.
9 BIRTHPLACE (State or country)	Contributory Many June 19 (Secondary)
10 NAME OF REFRENCE Thanks	(Signed) 7. R. Randon Danfer MAG
M 11 BIRTHPLACE OF FATHER	July 24, 1913 (Address) Daneau m
(State or country) 12 Maiden Name OF Mother Published	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds. Where was disease contracted,
(Informant) Chan Can Kley	If not at piace of death? Former or usual residence
(Address) NEW Para	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Flor July and 1813 Halland Dona	20 UNDERTAKER ADDRESS
REGISTRAR	Na . I Joed En Ormend he

STATE OF MARYLAND

8081

PLACE OF DEATH

A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK-THIS IS

BINDING

FOR

RESERVED

MARGIN

Y. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specinaterial worked on may form part of the second statement. Never return "Laborer," "Foreman." Groccry; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. it should be used only when needed. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Farmer or Planter, As examples:

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Tuerperal peritonitis," etc. childbirth or miscarriage, as "Puerperal scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Uraemia," "Weakness," "Ileart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Coliapse." "Coma," "Convuisions," "Debility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . "Contributory." is less definite; avoid use of "Tumor" for mang The contributory Miways qualify all diseases resulting from (Recommendations on statement of terminal conditions, such as "As-(secondary or intercurrent) (name origin; "Can-State cause for Never report Examples:



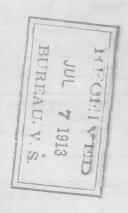
ary are		PLACE OF DEATH	STATE OF MARYLAND
* ×	11	Sounty Garrett 8082	CERTIFICATE OF DEATH
should		of md. W	Registered No. 166
RECORD PHYSICIANS of OCCUPAT		FULL NAME James Olive	a hospitat or institution give its NAME instead of street and number.]
H . 5		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NG MANENT EXACTLY.	3.9	Male 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, PROVONCED (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) (T) WHEREBY GERTIFY, That I attended deceased from
PER Itated	8 [OATE OF BIRTH august 2, 1845 Month) (Day) (Year)	that I last saw h. haa. alive on 191
- W -=	7 A	GE It LESS than	and that death occurred on the date stated above, atm
		6 7 yrs // mos. 8 ds. or min.?	The CAUSE OF DEATH* was as follows:
K-TI AGE roperi	(8	OCCUPATION 1) Trade, profession, or articular kind of work	Jackn Orcured
S IIIed.	bu	General nature of Industry, siness, or establishment in	(Duration) yrs. mos de
ADING III supplied.		IRTHPLACE	General (Secondary)
H UNFADI	11	10 NAME OF FATHER Liver Coloveland	(Signed (Signed) (Deration) yrs mos ds.
WITH , WITH terms, a back	(A)	11 BIRTHPLACE OF FATHER	Jule 12 , 1913. (Address) Milacit 185
Short con test	RE	(State of country) fate of singina 12 MAIDEN NAME) OF MOTHER P P P P P P P P P P P P P	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.
A acad		13 BIRTHPLACE OF MOTHER (State or country) State of Marulana)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds.
		THE ABOVE TE TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
WRIT Item of I		(Informant) Clerk Concluded	Former or usual residence.
No. 1. Every is CAUSE Importa	15	(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Fil	REGISTRAR	20 UNDERTABER DE PORTESS DE CENTRES DE CEN
- The San	-	If more blanks are needed, address State Registrar,	6 E. Franklin St., Balte., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: The question "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death all disease and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "Puerperal septichae cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Contributory." scpsis, tctanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vic-"Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis is less definite; avoid use of "Tumor" for mails. The contributory "PUERPERAL peritonitis," etc. Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion, (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples:



	state
RECORD	PHYSICIANS should of OCCUPATION IS
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exact statement of OCCUPATION is very importent. See instructions on back of certificate.
WITH UNFADING	uid be esrefully supplied trms, so that it may be back of certificate.
WRITE PLAINLY,	Every item of information should be esretully sur CAUSE OF DEATH in pisin terms, so that it may importent. See instructions on back of certificate.
	Every its CAUSE (importent

N. B.-

1 PLACE OF DEATH 8083	STATE OF MARYLAND CERTIFICATE OF DEATH	
Gounty	Registered No.	
Village or City Lines (No. (No.	St; Ward) [If deeth occurred to a hospital or institution give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Female White Sangle, Married, Widower, ORDIVORCED (Write the word) 6 DATE OF BIRTH March. 3 187/ (Month) (Day) (Year) 7 AGE If LESS than 1 day, hrs. OR min.? 8 OCCUPATION (a) Frade, profession, or particular kind of work	16 DATE OF DEATH (Month) (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from J. 1913, to 1913 that I last saw h	
(b) Seneral nature of industry, business, or establishment in which employed (or employer)	(Ouration) .yrs, mos	
(State or country) Garrell County. 10 NAME OF FATHER William. J. Sines 11 BIRTHPLACE OF FATHER (State or country) Garrett County. 2 Line of Mother of the Country of Mother of the Country.	(Signed)	
13 BIRTHPLACE OF MOTHER (State or country) Garrett Country.	1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death	
(Informact) Eliner, & Essis.	It not at place et death? Former or usual residence.	
(Address). Sines M. d.	Swallow Falls Grave yard. June 1/, 181.3. 20 UNDERTAKER	
REGISTRAR If more blanks are needed, address State Registra	r. 6 E. Franklin St. Balto. Requesting V S. No. 1	
on more named and according and the state the	-y w me w amazana tote, warter, mediacastik to m. 110, 10	

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant. Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or fudustry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples For persons (0)

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etc., when a definite disease can be ascertained as the nant neoplasms); Measles; Whooping cough; Chronio such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ___ ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomus," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. "Contributory." sepsis, tetanus) is less definite; avoid use of "Tumor" for malls-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report Examples:

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ITE PLAINLY, WITH UNFADING INK-THIS IS A PERM	of information should be carefully supplied. AGE should be stated E. DEATH in plain terms, so that it may be properly classified. Exact
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certificate.

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See Instructions on back

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PHYSICIANS should state of OCCUPATION is very

statement of

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RECORD

1 PLACE OF DEATH Village or City Fear Dobbin (No.

8084

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 167

St :----Ward)

[if death occurred in a hospital or institution. give its NAME Instead

2 FULL NAME Infant	Wilfred Culf of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH June 2.5, 191 3 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from 25, 1913, to 25, 1913, that I last saw ham alive on June 25, 1913
7 AGE If LESS fhan 1 day, hrs. mos. ds. ORmin. ?	and that death occurred on the date stated above, at 9:30 cm. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	
which employed (or employer) 9 BIRTHPLACE (State or country) Squarette Ces Md	Contributory (Secondary)
11 BIRTHPLACE (State or country) Elkhot Co Jud	(Signed)
12 MAIDEN NAME OF MOTHER OMMA Kill 13 BIRTHPLACE OF MOTHER (State or country) Rendleton Cos & Va	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Williams Culf	Where was disease contracted, If not at place of death? Former or usual residence
Filed June 25, 1913 Jaane W. Hernathy	On Homeslead DATE OF BURIAL On Homeslead June 25, 1913 20 UNDERTAKER No underlaker No medicaler No ne

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by L. S. Census and American Public Health Association.]

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state very CERTIFICATE OF DEATH 8085 pinous OCCUPATION IS Registration Dist. No. lif death occurred in PHYSICIANS St.:...Ward) a hospital or Institution. RECORD give its NAME insfead of street and number. 1 umm 0 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT 5 SINGLE, 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. 191. WILDOWED. BINDING (Month) (Day) (Year) ORDIVORCED (Write the word) 17 I HEREBY CERTIFY, That I attended deseased from Exact 6 DATE OF BIRTH 1917 to that I last saw h ____ alive on (Month) (Day) (Tear) ciassified 7 AGE if LESS than and that death occurred on the date stated above, 1 day S hrs. no OR .- min. ? mos. properly BOCCUPATION AG (a) Trade, profession, or particular kind of work. Ш (b) General nature of industry. supplied. ā business, or establishmenf in UNFADING may which employed (or employer) Contributory BIRTHPLACE that It is (Secondary) (State or country) (Duration) 10 NAME OF FATHER (Signed) 0 terms, n back 11 BIRTHPLACE 3. (Address) ENT OFFATHER D (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT hou CAUSES, state (1) MEANS OF INJURY; and (2) Whether Acciden-00 AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, 40 ATH in plain instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER of death yrs. mos. ds. (State or country) State yrs, mos, ds, Where was disease confracted. if oot at place of death? Sec of 0 Former or OF usual residence. mportan 19 PLACE OF BURIAL OR REMOVAL ы DATE OF BURIAL Every 13 20 UNDERTAKER ADDRESS 0 REGISTRAR If more blanks are needed, address State Registrar, C E. Franklin St., Balto., Requesting V. S. No. A.

PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. 8. Census and American Public Health Association.]

additional line is provided for the latter statement; cated thus: Farmer (rctircd 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Scruant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa many occupations a single word or term on the If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But in many "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar preumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

-Kart fallure," "Haemorrhage," "Inanition," "Marascause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal scotichaccause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of . ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can death), 29 State cause for "Exhaustion," For VIO-



PHYSICIANS should of OCCUPATION IS Registered No. Ilt death occurred in (No. St: Ward) a hospitat or institution. RECORD give its NAME instead of street and number. ? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH SEX. 4 COLOR OR RACE MARRIED. (WIDOWED. (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH ... allve on .. (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at ... 1 day hrs. The CAUSE OF BEATH* was as follows: OR 7 6 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. be supplied business, or establishment in ADING (Duration) ... may which employed (or employer) Contributory..... certificate. State or country) (Secondary) that It 10 NAME OF FATHER 80 Jo terms, 11 BIRTHPLACE ARENT OF FATHER (State or country) should *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT 12 MAIDEN NAME TAL. SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place in the OF MOTHER of death _____ yrs. ___ mos. ___ ds. (State or country) State yrs. ____ mos. ___ ds. DEATH Where was disease contracted. if not at place of death?. 0 Former or P Item usual residence. mportant. Every ite PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER Œ. REGISTRAR

If more blanks are needed, address State Registrar, 6 E Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

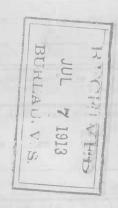
PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Forcman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age heen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (a) the kind of work and also (b) return "Laborer," Farmer or Planter, As examples: The question "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—In a feetion with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

"Contributory." scpsis, tctanus) may be stated under the head of childbirth or miscarriage, as "Puerperal scptichacture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion, (name origin; "Can-State cause for Never report



PHYSICIANS should state of OCCUPATION Is very

AGE should be stated EXACTLY. properly classifled. Exact statement

AGE

carefully supplied.

DEATH in plain terms, so that it m See instructions on back of certificate.

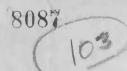
of Information

CAUSE OF Important S

m. ż

RECORD

1	PLACE	OF	DE	ATI
	Λ.			



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

(No.

..Ward)

It death occurred in a hospital or institution, give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 D/	ATE OF BIRTH	
	5 5-, 1413. (Month) (Day (Year)	that I last saw h alive on
TAC		and that death occurred on the date stated above, at
	yrs	The CAUSE OF DEATH* was as follows:
(a)	CCUPATION I Trade, profession, or rticular kind of work	Charle was a family of
(b) bus	General nature of Industry, iness, or establishment in ch employed (or employer)	(Duration) yrs. mos. / ds.
9 81	RTHPLACE (State or country)	Secondary
S	10 NAME OF FATHER James W. Friend	(Signed) (Signed) (Address) (Address) (Signed) (
ENT	OFFATHER (State or country) Gurelle, Mil.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
PAR	12 MAIDEN NAME OF MOTHER Dlive Friend	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) Furrest les Md	At place In the ot death yrs mos ds. State yrs mos ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
	(Informant) wash W. French	Former or usual residence
15	(Address) har Pourk, hid.	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL Rear NEW Page 200 1018
Fil	ed	20 UNDERTAKER DADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupatious Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age ness of various pursuits ean be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b)Physician, Compositor, Architect, Locomotive engineer, been chauged or given up on account of the DISEASE Grocery; (a) Foreman, (b) Automobile factory. The first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, return "Laborer," As examples: "Foreman," (1)

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia disease of lungs, meninges, peritonaeum, etc., Carcinetesis of lungs, perito

mant neoplasms); Meastes; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of..... (name origin; "Can-Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Tuerperal peritonitis," etc. childbirth or misearriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "lleart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection used not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Coutributory." injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debllity" ("Con-Bronchopneumonia is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations ou statement of (seeondary), 10 ds. Never report State cause for For vio-

state s very	County James 8088	STATE OF MARYLAND CERTIFICATE OF DEATH
ECORD HYSICIANS should is	Village or City Lear DER Para (No	Registered No. / 6 6 [If death occurred a hospital or institution give its NAME instead of street and number.
T R	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statemen important. See instructions on back of certificate.	SEX PURE ACOLOR OR RACE Who word B DATE OF BIRTH PURE ACOLOR OR RACE Who word Write the word (Write the word) FATHER OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) P BIRTHPLACE (State or country)	(Month) (Day) (Year) 17 I HEREBY ERTIFY, That I attended deceased fro 191, to 191 191, to 191 that I last saw h alive on, 191 and that death occurred on the date stated above, at The CAUSE OF DEATH* was as follows: (Duration) yrs
	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1

BINDING

FOR

MARGIN RESERVED

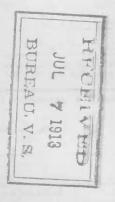
B. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupaengineer, Stationary freman, etc. But in many If retired from business, that fact may be Indl-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: The question "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carein-

mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. childbirth or miscarriage. as "Puerperal scptichae: cause. etc., when a definite disease can be ascertained as the "Teart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" ample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUBY and qualify as valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (merely symptomatic), "Atrophy," (secondary or intercurrent) (name origin; "Can State cause for Never report Examples:



Co	PLACE OF DEATH	8089	STATE OF MARYLAND CERTIFICATE OF DEATH
V	ilage or City Monitory FULL NAME LOSS	Mu (No.	Registration Dist, No. [If death occurred in a hospital or institution, give its NAME lostead of street and number.]
	PERSONAL AND STATISTICAL PA	ARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR MACE SING	LE, RIED, WWO, WORCEO e the word)	16 DATE OF DEATH SILE 16 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191, 191,
7 AC	(Month)	(Day) (Year) If LESS than 1 day,hrs. ORmln. ?	and that death occurred on the date stated above, at m, The CAUSE OF DEATH* water follows:
(a) par (b) busi white	Trade, profession, or floular kind of work. General nature of Industry, ness, or establishment in the employed (or employer) RTHPLACE ate or country) Manual	aud-	(Duration) yrs. mos. ds. Gontributory (Secondary) (Quretion) yrs. mos. ds.
PARENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	Kunn Kunn Kunn	(Signed) , M. D. , 191
14 _T	Informati) (Address)	who weed a	Where was disease contracted. If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DAFE OF BURIAL Mule S., 191.3.
File	191	REGISTRAR	20 UNDERTAKER ADDRESS
	If more blanks are needed	, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Agation, as Day laborer, Farm laborer, Laborer duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indithus: Farmer (retired 6 yrs.). Women at home, who are engaged in the Never return "Laborer," As examples For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Puerpural scotichae cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds., affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mally. oma. Sarcoma. etc., of . "Contributory." mere symptoms or terminal conditions, such as "As The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head etc. (name origin; "Can-State cause for "Exhaustion," Never report Examples:



V. S. No. 1.

1 PLACE OF DEATH	STATE OF MARYLAND
County Garrett 8090	CERTIFICATE OF DEATH
Village or City Veer Park (No.	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME William W.	Hennen
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
B DATE OF BIRTH Paper 3, 1850	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day) (Year) 1 day,hrs. 2 mos. 4 ds. ORmin.?	and that death occurred on the date stated above, at 6:300 mm, The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work. Railroader	Hall Bladder Dermerly
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Official Contributory (Secondary)
Organia 10 NAME OF FATHER GLORGE HENSELY 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 4	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Virginia	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) The BEST OF MY KNOWLEDGE	If not at place of death? Former or usual residence
(Address) Keyser, W. Va.	Der Carc Date of BURIAL June 9, 1913
Filed	20 UNDERTAKER ADDRESS Keyper, W.Va.
If more blanks are needed, address State Registra	r/6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement the nature of the business or industry, and therefore an Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. It should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative heaithfuifirst line will be sufficient, e. g., Farmer or Planter. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (b) As exampies For persons

Statement of cause of death—Name, first, the disease causino distance of death—Name, first, the disease causino distance and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Conchopnoumonia" ("Pneumonia"); Lobar pneumonia; Bronchopnoumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

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STATE OF MARYLAND state Very CERTIFICATE OF DEATH SICIANS should occupation is Registration Dist. No. Ilf death occurred in PHYSICIANS .Ward) a hospital or institution. RECORD give Its NAME Instead of street and pumber. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS EN. EXACTLY 18 DATE OF DEATH statem 5 SINGLE. 3 SEX 4 COLDROR-RACE MARRIED. RMAN WIDOWED. (Month) (Day) (Year) ORGIVORCED Word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH Exa **u** 191 to. 0 (Year) (Day) classified. (Month) If LESS than 7 AGE and that death occurred on the date stated above, at O t day, hrs. shoul The CAUSE-OF DEATH * was as follows: OR min. ? THI properly 8 OCCUPATION AGI (a) Frada, profession, or particular kind of work Z (b) General nature of industry. supplied. pe business, or establishment in (Duration) UNFADING may which employed (or employer) Contributory certificate. ⁹ BIRTHPLACE (State or country) (Secondary) ب carefully that 10 NAME OF FATHER 80 0 11 BIRTHPLACE (Addrass) WIT back terms, L DF FATHER should *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) Ш CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-UO 2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain A OF MOTHER Instructions Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS D. OR RECENT RESIDENTS) 13 BIRTHPLACE c At place In the DF MDTHER (State or country State yrs. mos. ds. DEATH Where was disease contracted. If not at place of death? jo Former or Informant i Item POF usual residence.. mportan 19 PLACE OF BURIAL OR REMOVAL Every It DATE OF BURIAL 15 20 UNDERTAKER ADDRESS E REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

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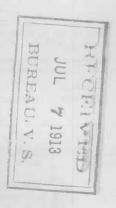
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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of ago Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, It should be used only when needed. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," 0

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

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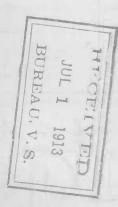
[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necit should be used only when needed. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: For persons The question "Foreman," (4)

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ture of the American Medical Association.) cause of death approved by Committee on Nomenciascpsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puenperal septichae-ACCIDENTAL, BUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convuisions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of .. The contributory Always qualify all diseases resulting from "Senife," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," (name origin; "Can-State cause for "Exhaustion," Examples: For VIO-



.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 IS FOR UNFADING INK-THIS RESERVED MARGIN WRITE PLAINLY, WITH

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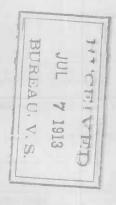
VIIIage or City Factoring (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) St.; Ward) [If death occurred is a hospital or lostitution, give its NAME lostead of skeet and aumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED, ORDIVERCEO (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h alive on
TAGE If LESS than 1 day,	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	(Duration) yrs. mos. ds. Contributory (Secondary)
OF FATHER OWN Mely 10 NAME OF FATHER OWN Mely 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) Transmitted of the Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos ds.
Informant) Fow The BEST OF MY KNOWLEDGE (Address Ferrences and	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed	20 UNDERTAKER 20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

"Manager," "Dealer," etc., without more precise speciof persons engaged in domestic service for wages, as ness. If retired from business, that fact may be indicausing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers Acation, as Day laborer, Farm laborer, Laborer statement. (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupathus: Farmer (retired 6 yrs.). Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," 0

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

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1 PLACE OF DEATH 8094	STATE OF MARYLAND
County Garrett	CERTIFICATE OF DEATH
Village or City & sules from translowing	St; Ward) St; Ward) If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married, Widowed, Orbivorced (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (Month) (Day) (Year)	that I last saw h alive on June 13, 191 S.
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at
GOCCUPATION (a) Trade, profession, or particular kind of work	(Duration) yrs, mos / ds. Gontributory (Secondary)
10 NAME OF FATHER Grove Michaels 11 BIRTHPLACE (State or country) Maryland 12 MAIDEN NAME OF MOTHER (Language Mother)	(Signed) Obboth, Walker, MD. (Signed) Obboth, Walker, MD. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental. Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) Frostbury Wd.	Where was disease contracted, If not at piace of death? Former or Usual residence 19 PLASE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed June 16, 1913 Thomas & brown REGISTA PTOS	To husons Cem June 17, 191 3 20 UNDERTAKER ADDRESS Thur Furniture & Undertaking Co. I
If more blanks are needed, address State Registrar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE "Manager," "Dealer," etc., without more precise specistatement. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations mine, etc. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers Acation, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter tion is very important, so that the relative healthful-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

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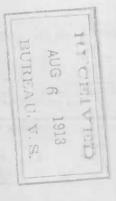
	PLACE OF DEATH 8095	STATE OF MARYLAND CERTIFICATE OF DEATH		
0	County 2 and	Registered No. 166		
1	Village or City Darland (No. ,	St; Ward) [If death occurred in a hospital or institution give its NAME instead of street and number.]		
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
1	Male White Whomeo, Married Wishowson, Married Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from [3], 1915, to [9] [9] [3].		
	(Month) (Day) (Year) GE If LESS than 1 day, hrs. or. min.?	and that death occurred on the date stated above, at		
pa (b) bus wh	a) Trade, profession, or articular kind of work. Sheriff of Garrie Co.) General nature of industry, siness, or establishment in alch employed (or employer)	Before (Duration) yrs. mos. ds.		
PARENTS	10 NAME OF FATHER & Maffett 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER WARREN SWARDEN	(Signed)		
14-	(Address) Oakeone Majett	At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OR STATE OF BURIAL OR		
Fil	If more blanks are needed, address State Begistran	20 UNDERTAKER D.G. Boldu Queend, Md r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		
	TAME OF THE STATE	VIIIage or City Darland (No		

[Approved by U. S. Census and American Public Health Association.]

unaterial worked on may form part of the second fication, as Day laborer, Farm laborer, Laborer-Coal duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Illheen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursults can be known. tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: The question "Foreman," (o)

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease to the same deausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis

such, if impossible to determine definitely. cblidbirth or miscarriage, as "Purrerral scptichaemus," "Old Age," "Shock," "Uraemla," "Weakness," cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of scpsis, tetanus) may be stated under the head Injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. cause. etc., when a definite disease can be ascertained as the genItal," "Senlle," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant peoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maileture of the American Medical Association.) Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart fallure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of .. Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (secondary or Intercurrent) "Dropsy," "Exhaustion," (name origin; "Can State cause for Examples:



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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

..St;.....Ward)

[If death occurred in a hospital or Institution, give its NAME instead of street and number.]

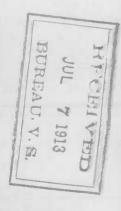
RSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
4 COLOR OR RACE Single, MARRIED, WIOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from			
March 12 1911	May 15, 1913, to June 12", 1913,			
(Month) (Day) (Year)	that I last saw have allve on ferme 11. 11 1 141, 1913			
1 day, hrs. or min.?	and that death occurred on the date stated above, at 7-15 Q.m. The CAUSE OF DEATH* was as follows: A Rahle Herches			
ON ession, or Of work	Jan Meetus			
ture of industry, establishment in (or employer)	(Duration) yrs. mos. ds.			
untry) Maryland	Contributory (Secondary) Duration (Secondary) ds. mos. ds.			
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FATHER OF COUNTRY) West Va				
DEN NAME Mary O. Jownshoul	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,			
HPLACE HOTHER Or country) Mayland	At place In the of death yrs mos ds. State yrs mos ds			
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20th, 1913 Navland & Braistran	20 UNDERTAKER ADDRESS DE Bolam Oakeny MA.			
If more blanks are needed, address State Registrar, 6	· Curetary · / · · · · ·			

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Screant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. tbe nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc..

childbirth or miscarrlage, as "Puerperal septichaegenital," ture of the American Medical Association.) cause of death approved by Committee on Nomencla. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrbage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (nierely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. "Contributory." injury, as fracture of skuil, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. Bronchopneumonia (secondary), 10 ds. cer" is less definite; avoid use of "Tumor" for mailg. mere symptoms or terminal conditions, such as "Asvalvular heart discuse; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... The contributory tetanus) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head (secondary or intercurrent) (name origin; "Can State cause for Never report Examples:



state Very CERTIFICATE OF DEATH County. pinous Registration Dist. No. PHYSICIANS shou Ilf death occurred in ...Ward) RECORD a hospital or Institution, give its NAME instead of street and number.] statement F. PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH PERMANENT EXACTEY. SEX 16 DATE OF DEATH 4 COLOR OR BACE MARRIED. WIDOWED. OZIOZI (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 191 3 to on. 4 that Mast saw h. My alive on. (Month) (Day 1 (Year) 7 AGE If LESS than and that death occurred on the date stated above, at a 1 day hrs. THIS Ü The CAUSE OF DEATH* was as follows: OR min. ? properi BOCCUPATION (a) Trade, profession, or INX particular kind of work. supplied. pe (b): General nature of industry, UNFADING business, or establishment in C тау which employed (or employer) 9 BIRTHPLACE Contributory carefully so that it r Secondary (State or country) mos 10 NAME OF FATHER 80 ō ARGIN terms, on back ARENTS 11 BIRTHPLACE ponid OF FATHER (State or countr *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-00 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, ATH in plain instructions OF MOTHER ormation BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ___ State yrs. ___. mos. mos. ds. Where was disease contracted, MYKNOWLEDGE If not at place of death? P Former or OF Every item CAUSE OF important. usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS m If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

8097

1 PLAGE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH

STATE OF MARYLAND

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BUREAU, V. S.

PTCHTV FYD JUL 7 1913 BUREAU. V. S.

Re-sent to